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CONNECTICUT SITING COUNCIL

PARTY STATUS REQUEST FORM

Docket/Petition No. _____ Town/City _____

1. Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

2. Manner in which petitioner claims to be substantially and specifically affected:

3. Contention of the petitioner:

4. Relief sought by the petitioner:

5. Statutory or other authority therefore; and

6. Nature of evidence of evidence that the petitioner intends to present.

7. Copies of this request shall be mailed to all participants at least five days before the date of the hearing.

Signed _____ Date _____